P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**ALAMEDA COUNTY TREASURER** 

1221 OAK STREET

OAKLAND CA 94612

## Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 1,076,291.82
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,076,291.82
YTD Amount:	\$ 11,296,808.37

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**ALPINE COUNTY TREASURER** 

PO BOX 217

MARKLEEVILLE CA 96120

## Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 2,919.79
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 2,919.79
YTD Amount:	\$ 30.647.08

P O BOX 942850, SACRAMENTO, CA 94250-0001

**REMITTANCE ADVICE** 

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**AMADOR COUNTY TREASURER** 

810 COURT STREET

JACKSON CA 95642

## Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 36,554.88
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 36,554.88
YTD Amount:	\$ 383,683.14

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA 95965

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 245,922.16
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 245,922.16
YTD Amount:	\$ 2,581,212.81

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**CALAVERAS COUNTY TREASURER** 

**GOVERNMENT CENTER** 

SAN ANDREAS CA 95249

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 37,500.81
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 37,500.81
YTD Amount:	\$ 393,609.17

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**COLUSA COUNTY TREASURER** 

546 JAY ST

COLUSA CA 95932

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 29,409.21
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 29,409.21
YTD Amount:	\$ 308,678.88

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**CONTRA COSTA COUNTY TREASURER** 

625 COURT ST RM 102

MARTINEZ CA 94553

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 553,581.42
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 553,581.42
YTD Amount:	\$ 5,810,416.13

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**DEL NORTE COUNTY TREASURER** 

981 H ST STE 150

CRESCENT CITY CA 95531

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 34,984.93
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 34,984.93
YTD Amount:	\$ 367,205.27

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**EL DORADO COUNTY TREASURER** 

360 FAIR LANE

PLACERVILLE CA 95667

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 136,120.49
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 136,120.49
YTD Amount:	\$ 1,428,729.68

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 700,086.82
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 700,086.82
YTD Amount:	\$ 7,348,142.09

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**GLENN COUNTY TREASURER** 516 WEST SYCAMORE STREET

WILLOWS CA 95988

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 33,653.25
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 33,653.25
YTD Amount:	\$ 353,226.09

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**HUMBOLDT COUNTY TREASURER** 

825 FIFTH STREET ROOM 125

EUREKA CA 95501

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 237,391.15
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 237,391.15
YTD Amount:	\$ 2,461,170.23

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**IMPERIAL COUNTY TREASURER** 

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 242,221.52
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 242,221.52
YTD Amount:	\$ 2,542,367.56

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 45,646.62
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 45,646.62
YTD Amount:	\$ 479,109.78

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**KERN COUNTY TREASURER** 

PO BOX 981240

SACRAMENTO CA 95798 1240

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 473,577.19
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 473,577.19
YTD Amount:	\$ 4,970,686.92

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 122,671.91
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 122,671.91
YTD Amount:	\$ 1,287,571.21

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**LAKE COUNTY TREASURER** 255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 54,879.78
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 54,879.78
YTD Amount:	\$ 576,018.89

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

LASSEN COUNTY TREASURER COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 36,874.32
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 36,874.32
YTD Amount:	\$ 387,032.24

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 8,544,672.84
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 8,544,672.84
YTD Amount:	\$ 89,685,294.21

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**MADERA COUNTY TREASURER** 

C/O BANK OF AMERICA
PO BOX 1859
SACRAMENTO CA 95812 1859

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 122,284.78
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 122,284.78
YTD Amount:	\$ 1,283,504.19

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

MARIN COUNTY TREASURER

PO BOX 4220 CIVIC CENTER SAN RAFAEL CA

94913

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 269,120.90
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 269,120.90
YTD Amount:	\$ 2,819,982.36

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 19,612.28
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 19,612.28
YTD Amount:	\$ 205,851.45

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**MENDOCINO COUNTY TREASURER** 

501 LOW GAP RD 1060

UKIAH CA 95482

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 78,459.87
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 78,459.87
YTD Amount:	\$ 823,521.06

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 173,259.77
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 173,259.77
YTD Amount:	\$ 1,818,542.68

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**MODOC COUNTY TREASURER** 

204 COURT ST RM 101

ALTURAS CA 96101

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 21,769.39
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 21,769.39
YTD Amount:	\$ 228,491.21

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**MONO COUNTY TREASURER** 

P O BOX 495

BRIDGEPORT CA 93517

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 31,404.53
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 31,404.53
YTD Amount:	\$ 329,621.83

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**MONTEREY COUNTY TREASURER** 

PO BOX 1406

SACRAMENTO CA 95812 1406

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 223,436.03
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 223,436.03
YTD Amount:	\$ 2,345,193.47

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

NAPA COUNTY TREASURER 1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 115,332.54
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 115,332.54
YTD Amount:	\$ 1,210,534.53

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**NEVADA COUNTY TREASURER** 

**PO BOX 128** 

NEVADA CITY CA 95959

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 74,281.03
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 74,281.03
YTD Amount:	\$ 779,657.21

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**ORANGE COUNTY TREASURER** 

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 1,772,997.71
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,772,997.71
YTD Amount:	\$ 18,609,469.17

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA 95603

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 104,730.27
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 104,730.27
YTD Amount:	\$ 1,099,252.16

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**PLUMAS COUNTY TREASURER** 

PO BOX 176

QUINCY CA 95971

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 31,205.33
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 31,205.33
YTD Amount:	\$ 322,034.92

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**RIVERSIDE COUNTY TREASURER** 

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 904,993.79
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 904,993.79
YTD Amount:	\$ 9,498,855.49

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SACRAMENTO COUNTY TREASURER** 

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 947,997.42
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 947,997.42
YTD Amount:	\$ 9,950,225.78

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SAN BENITO COUNTY TREASURER** 

COURTHOUSE 440 FIFTH ST RM 107

HOLLISTER CA 95023

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 43,788.87
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 43,788.87
YTD Amount:	\$ 459,609.24

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SAN BERNARDINO COUNTY TREASURER** 

PO BOX 1859

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

## More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 1,099,699.94
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,099,699.94
YTD Amount:	\$ 11,542,501.59

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SAN DIEGO COUNTY TREASURER** 

PO BOX 980304

WEST SACRAMENTO 95798 0304

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 2,146,073.81
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 2,146,073.81
YTD Amount:	\$ 22,525,291.34

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO 95814-2920

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 1,630,073.82
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 1,630,073.82
YTD Amount:	\$ 17,109,330.37

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SAN JOAQUIN COUNTY TREASURER** 

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 420,732.07
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 420,732.07
YTD Amount:	\$ 4,416,022.78

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA 93406

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 126,341.45
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 126,341.45
YTD Amount:	\$ 1,326,084.65

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SAN MATEO COUNTY TREASURER** 

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 384,446.55
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 384,446.55
YTD Amount:	\$ 4,035,168.99

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SANTA BARBARA COUNTY TREASURER** 

PO BOX 579

SANTA BARBARA CA 93102

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 230,764.95
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 230,764.95
YTD Amount:	\$ 2,422,122.29

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 933,433.68
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 933,433.68
YTD Amount:	\$ 9,797,366.18

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA 95061

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 153,213.32
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 153,213.32
YTD Amount:	\$ 1,608,132.88

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 212,274.96
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 212,274.96
YTD Amount:	\$ 2,228,047.31

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SIERRA COUNTY TREASURER** 

PO BOX 376

DOWNIEVILLE CA 95936 0376

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 7,366.88
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 7,366.88
YTD Amount:	\$ 77,324.70

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA 96097

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 57,321.10
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 57,321.10
YTD Amount:	\$ 601,644.97

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

#### SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA 94533 6337

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 306,744.42
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 306,744.42
YTD Amount:	\$ 3,219,602.84

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SONOMA COUNTY TREASURER** 

PO BOX 1204

SACRAMENTO CA 95812 1204

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 477,206.29
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 477,206.29
YTD Amount:	\$ 4,998,686.07

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA 95353 3052

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 321,549.18
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 321,549.18
YTD Amount:	\$ 3,374,992.86

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**SUTTER COUNTY TREASURER** 

PO BOX 546

YUBA CITY CA 95992

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 111,046.40
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 111,046.40
YTD Amount:	\$ 1,165,550.54

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**TEHAMA COUNTY TREASURER** 

PO BOX 1150

RED BLUFF CA 96080

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 75,479.55
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 75,479.55
YTD Amount:	\$ 792,236.51

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA 96093 1297

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 32,318.27
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 32,318.27
YTD Amount:	\$ 339,211.45

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 308,404.62
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 308,404.62
YTD Amount:	\$ 3,237,028.60

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**TUOLUMNE COUNTY TREASURER** 

2 SOUTH GREEN ST

SONORA CA 95370

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 58,074.99
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 58,074.99
YTD Amount:	\$ 609,558.52

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

#### **VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 367,124.54
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 367,124.54
YTD Amount:	\$ 3,853,356.31

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 101,878.99
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 101,878.99
YTD Amount:	\$ 1,069,328.34

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 97,412.09
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 97,412.09
YTD Amount:	\$ 1,022,440.29

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA 94704

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 39,559.14
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 39,559.14
YTD Amount:	\$ 415,215.16

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 177,368.72
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 177,368.72
YTD Amount:	\$ 1,861,670.38

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100420A PAYMENT ISSUE DATE: 6/27/2012

**PASADENA CITY TREASURER** 

PO BOX 7115

PASADENA CA 91109 7215

# Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

### More information at HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML

**Collection Period** 5/16/2012 TO: 6/15/2012

Total amount collected: \$211,591,104.61 Percentage of collection: 0.13003402

Gross Claim	\$ 58,496.78
County Medical Services Program Offset	\$ 0.00
Net Claim / Payment Amount	\$ 58,496.78
YTD Amount:	\$ 613,983.37